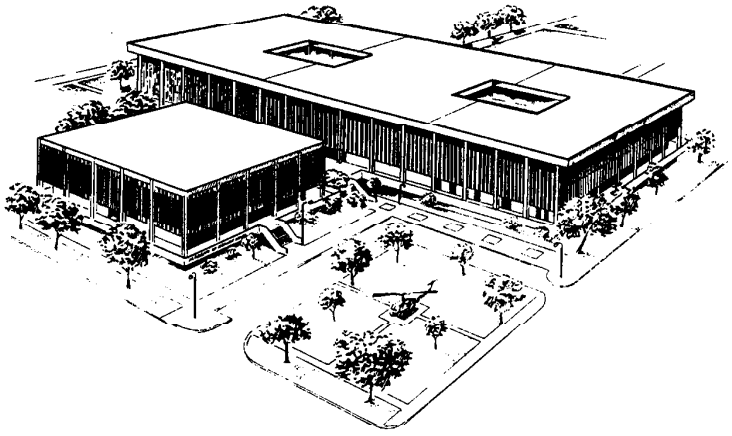
AMEDDC&S OBSERVER

Jul/Aug/Sep 1998



AMEDD SOLDIERS ON THE JOB IN EUROPE, BOSNIA

(Note: The following observations and comments by AMEDDC&S Commander MG James B. Peake were made during his March 1998 visit with AMEDD soldiers stationed in Europe and deployed to Bosnia.)

This visit gave me an excellent opportunity to observe first-hand the European operational environment in which our AMEDD soldiers are training and performing their duties, and a chance to talk with medical soldiers currently deployed in support of ongoing multi-national peace efforts in Bosnia.

The Expert Field Medical Badge (EFMB) test site at Schweinfurt, Germany, was my first stop. The site is operated by the 1st Infantry Division Medical Operations Center with support from AMEDD units across Europe. They expected to have most of the EFMB candidates from the train-up phase return for testing, including those currently deployed in Bosnia. The weather provided a real challenge with a great deal of rain and mud, but everyone remained in good spirits. Soldiers were positive about their training despite the fast-paced operational tempo in Europe. Those soldiers who attended the medical proficiency training program in Landstuhl gave it good reviews.

The next stop was Hoenfels where I attended an After-Action Review (AAR) presented to the 67th Combat Support Hospital (CSH) Task Force by Combat Maneuver Training Center personnel. The AAR focused on the unit's participation in the exercise scenarios employed during train-up/rehearsal for Bosnia deployment. Again, I found that soldier morale and enthusiasm were at a high level. I spent most of Day 2 in the field as the medical task force went through complex training scenarios. I noticed that although some participating teams had not previously worked together, their cooperative efforts were facilitated by the intensity of the training scenario. It is situations such as this that demonstrate the value of good NCO leadership.

Day 3 was occupied by meeting with my counterpart at the German Federal Military Medical Academy in Munich and discussing our mutual training interests. The following day, I had an opportunity to observe a Bosnia pre-deployment Situational Training Exercise (STX.) The STX is an excellent preparatory training program that has continually evolved to adapt to the conditions our medical soldiers would experience in the Bosnia area of operations. I was especially pleased with the quality of small group instruction and impressed with the degree of soldier motivation.

The next two days were spent in the Bosnia area of operations (AO). I observed the medical task force undergoing challenging and worthwhile training. Both a Basic Trauma Life Support and a Combat Lifesaver (CL) class were graduated while I was there. I noted that Army, Air Force, Finnish, and Norwegian soldiers participated in the CL class. I also had an opportunity to visit a Russian forward surgical facility and speak with their surgeons, all of whom had been in Afghanistan and Chechnyia. It was

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COMMANDER'S CORNER

MG James B. Peake

A Look at the Army Imperatives

There are many different facets to this great organization. It has gone through a variety of name changes over the years in an attempt to capture the critical role that the AMEDDC&S plays for the Army Medical Department. The "Center and School" is a good mix that starts to capture what our real job is... Truly, we Build the Future! We do that by teaching and training, today, every soldier, every leader that will form the AMEDD tomorrow and for the next 30 years. We build the future through the design of the future force, through forward thinking in defining the equipment for that future force, and in the continual updating of our health support doctrine that looks clearly at the processes for the delivery of the full spectrum of health services across the entire AMEDD enterprise from foxhole through the CONUS base. Between doctrine and training we build the cultural base of our Army Medical Department.

We have the obligation to look long, yet remain relevant to the soldiers responsible for health service support in the near term. We are in the support business. We must know and understand our customers and how they do business in order to provide first class health service support. Our processes must be integrated with and be supportive of their processes.

General Vouno outlined six imperatives that define our Army. These six imperatives have stood steady through the subsequent two Chiefs of Staff. Each of these imperatives fall into the purview of the AMEDD Center and School.

***Quality people** are the basis of our Army today and will be the basis of our success as an Army in the future. Each year 30,000 people physically come through the AMEDDC&S at various phases of their careers. For those soldiers entering the service, we are their first impression of the AMEDD. We set the culture and attitude that will permeate our ranks for the length of their careers. They are the ones who will encourage their peers back home to join, or not to join, the Army based upon their experience with us.*

***Training** is the foundation for the competencies needed to perform the health services missions. Training begins here but is a continuum within the Army. We have an obligation to provide the trained soldier to the field and the obligation to provide to their leaders the enablers to sustain that training. Sustainment in the unit will be both individual and collective training designed to complement the individual soldier's continuing career long learning and skill enhancement. We are in a unique position to provide an umbrella of enablers for the collective training of medical headquarters. The point is that training is fundamental and our responsibility does not stop when the soldier graduates from one of our classes.*

***Leader Development** is a part of everything we do. Our responsibilities include not only formal instruction through NCOES, Officer Basic and Advanced Courses, the Pre-Command Courses, etc, but also the charting of career paths through the interaction of Corps Representatives and the AMEDD Personnel Proponency Directorate (APPD), and the formulation of Army Medical Doctrine that explains the roles and responsibilities of leaders at the various levels of our force.*

***Doctrine** forms the basis for our Army and for our Army Medical Department. The AMEDDC&S is where that Medical Doctrine is written. It creates the paradigm of how we operate – it weaves that fabric of out culture. We have, in the past, tended to focus on the deployed force when considering doctrine. As the world shrinks and the spectrum of military operations enlarges, our doctrine must span the continuum of our care for the soldier and his family. It must cover the full range of the enterprise so that the business processes are linked across the entire organization. Much of our Doctrine must be inherently joint if we are to meet our obligations to the Army around the world and across the spectrum of conflict.*

***Force Mix** comes from the concept and combat developers of the AMEDDC&S and is resourced through the Total Army Analysis process. The right force mix requires constant vigilance and long-term thinking. It covers everything from the details of documenting the right MOS or AOC, to fighting for the placement of the unit in the right component. The detailed analysis integrates the efforts of ACFI, APPD, and the men and women in the medical units around the world.*

***Equipment** for the men and women who care for soldiers and their families should be the best. The requirement for that equipment is documented here at the AMEDDC&S. It is culled from the hands-on experience around the world of those meeting the demands of the mission. We must document their validated needs for the short-term and infer from their experiences what material requirements we must have developed now to meet the future needs of those who are graduating today from our AIT and officer basic courses.*

The "Six Imperatives" ... each of you are part of those critical shaping functions in one way or another. Each of you brings your innate talent, education, and AMEDD experience as value added to the process of building the future. Each of you has an important place in that future.

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Medical Service Corps Celebrates 81st Anniversary

The Fort Sam Houston Officers' and Civilians' Club was the scene of the Medical Service Corps' 81st Anniversary Luncheon, held on 30 Jun 98. Although the Corps can trace its roots back to the Revolutionary War era, it was actually activated in June 1917. Over 180 guests attended the event. A special guest was BG (Ret) James J. Young, 8th Chief of the Corps, from Oct 77 to Sep 81.

Guest speaker was COL (Ret) Richard V.N. Ginn, author of "The History of the U.S. Army Medical Service Corps." Colonel Ginn shared his experiences during the 14 years the book was in development, culminating with its release in Aug 97 by the Center for Military History.

AHS Grads Achieve High Scores In PA Boards

Results of the Physician Assistant (PA) National Boards held in Apr 98 have been released. Of the fifty-one May 98 graduates of the PA Course conducted by the Department of Medical Science, Academy of Health Sciences (AHS), forty elected to take the April Boards. The pass rate for these personnel was 100%, with a mean score of 581; the mean score for all candidates taking the test was 463.

AMEDD Soldiers On The Job In Europe, Bosnia

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interesting to note how the world has changed—a Russian Airborne Brigade Commander and I talked; we spoke of working together for world peace. There was also an opportunity for me to spend time at the 396th CSH, a deployed Reserve Component hospital. I observed that while they were working under less-than-ideal conditions, overall, the soldiers were rising to the challenge and doing a great job. Since movement around the AO is relatively easy, our telemedicine equipment has not been sufficiently tested to determine its actual worth. I had some discussions about the opportunities it presents in the operational environment and noted that the 94th General Hospital in Tazar is using telemedicine primarily for consultations in a Store-and-Forward mode.

Following outbrief discussions with task force commanders and the senior medical staff in Germany, I flew back to San Antonio. The return flight gave me a chance to reflect on the areas I had visited, the training I had observed and the AMEDD soldiers I had talked with. The entire seven days made me particularly proud of Army medics, the mission we're doing as an integral part of the peace effort in support of our soldiers, and the role of the AMEDDC&S in building the foundation for mission success worldwide.

AMEDDC&S Commander Presents Civilian Awards

Major General James B. Peake, AMEDDC&S Commander, recently presented the Commander's Award for Civilian Service to four employees of the Department of Academic Support, Academy of Health Sciences. Recipients were Ms. Florence Emery and Mr. George Young, Training Management Branch; Ms. Betty Poe, Staff and Faculty Development Branch; and Ms. Janet Aquino, now assigned to the U.S. Army Medical Command.

PT Specialty Certifications

The Physical Therapy Branch, Department of Medical Science, AHS, announced that three branch instructors have validated their specialty certifications. Army MAJ Joe Moore and Navy LCDR Greg Ernst passed their certification exam in Sports Medicine Physical Therapy. Army MAJ Robbin Rowell completed his Orthopedic Specialization certification.

AMEDDEX-98 Set For August

The Department of Healthcare Operations, AHS, will be conducting AMEDDEX-98 from 11-21 Aug 98. Units participating in this year's exercise include the 30th Medical Brigade, located in Germany; 8th Medical Brigade (RC); 147th MEDLOG Battalion; 364th Field Hospital (RC); 343d Combat Support Hospital (RC); and 410th Theater Medical Material Management Center (RC). Three additional units from Fort Bragg, NC, the 55th Medical Group, 28th Combat Support Hospital, and 261st Area Support Medical Battalion will also participate from remote sites.

The AMEDDEX is a computer-based simulation designed to test medical units and their staffs in their ability to conduct staff planning, coordination, and medical operations. This will be the first time that two medical brigades and a remote medical group simultaneously participate.

From The U.S. Army School Of Aviation Medicine

— In a 19 Jun 98 ceremony, USASAM graduated 12 command-select Medical Service Corps aviators from the AMEDD Aviation Pre-Command Course. This iteration of the course was highlighted by the addition of distance learning instructional media to the curriculum.

— An Aeromedical Evacuation Officer Course now in session combines on-site and video teletraining to meet instructional requirements. The two-week course has approximately 50% of the class in residence at USASAM's Fort Rucker, AL, training facility and the remainder, comprised of Army National Guard officer students, off-site at Fort Indiantown Gap, PA.

A CLOSER LOOK. . .

Cardiovascular Specialty Course

Cardiovascular disease accounts for over one million deaths each year in the United States. The Army is by no means an exception to these statistics. A cardiology service at an Army Medical Center sees thousands of patients each year. The cardiology field is highly technical and requires specific skills for procedures in the cardiac catheterization and echocardiography laboratories. For these reasons, competent cardiovascular technicians are required. A cardiovascular technician is the doctor's eyes, ears, and hands in the cardiovascular lab.

Cardiovascular technicians generally work in a cardiac catheterization laboratory. Catheterization involves the insertion and passage of small plastic tubes (catheters) into arteries and veins up to the heart to obtain x-ray pictures of coronary arteries and cardiac chambers, as well as to measure pressures in the heart. Cardiovascular technicians work with a team of doctors and nurses to provide state of the art care in invasive cardiology. Technicians are a vital part of the team and can perform a variety of functions from assisting the doctor with the procedure to monitoring the patient's blood pressure and electrocardiogram. Many types of procedures are performed to include heart diagnostics, angioplasty, electrophysiology, and pacemaker insertions. A few technicians may also work in heart ultrasound (echocardiography) or in other areas of non-invasive analysis. For those soldiers that stay in the service a number of years, valuable experience is gained in cardiovascular management.

The Army's Cardiovascular Technician Program, 91B, ASI 300-Y6 at the Army Medical Department Center and School, started its first course in September of 1982. Since its inception, the program has graduated approximately 250 students. Students receive instruction and clinical experience in several key areas: cardiac catheterization, echocardiography, electrocardiography (ECG), and stress testing. The cardiovascular program has two phases, which combined lasts a total of 57 weeks. The first phase is 21 weeks and consists primarily of didactic studies and classroom laboratories. Intense learning takes place during this phase in the areas of Chemistry, Physics, Anatomy & Physiology, and Pharmacology. Classes related to the specific technical skills of the cardiovascular technologist include cardiovascular radiology, ECG, non-invasive ECG analysis, interventional balloon angioplasty, and diagnostic procedures. Students also receive training on various hands-on tasks. Students practice on simulated cath lab patients and are tested on the skills of basic procedures before ever going to phase II. Students in phase I are also tested and required to pass Advanced Cardiac Life Support.

During the second phase, clinical internship, the students continue to increase their level of knowledge and expertise by working in the actual patient-care environment. This consists primarily of hands-on tasks, accompanied with written tests and research papers. In phase II, students will rotate to different areas of the cardiology service every three to six weeks. This provides them the chance to learn new procedures, new equipment and different protocols.

Upon completion of phase II there are several benefits that aid graduates in a military career. One of the major benefits is that the course expands the skills and knowledge of the 91B combat medic. Though we have an additional skill identifier, the Army's cardiovascular technician recognizes their foundation remains a combat medic. The additional experience and knowledge in emergency medical techniques gives the cardiovascular technician proficiency and confidence to react quickly to casualties on and off the battlefield. Another payoff is that the American Council on Education recommends 60 college hours toward a baccalaureate degree. This can aid soldiers in attaining college degrees and promotions. Soldiers are also eligible to take several registry examinations offered by Cardiovascular Credentialing International (CCI). CCI offers exams in several subspecialties in the cardiovascular field. These examinations establish minimum standards of practice performed in the cardiovascular technology field and assures the competency level of the cardiovascular technician. They include testing in Cardiovascular Science, Certified Cardiography, Invasive, and Non-Invasive Technology. Soldiers trained in the Army's cardiovascular course that take the invasive registry examination have a 80% pass rate compared to national average of 60%.

The 300-Y6 Cardiovascular Specialty course has one class per year. The number of students per class ranges from 10 to 15 students. Prerequisites include high school graduate or GED, completion of high school or college chemistry, physics, and algebra with at least a C average, and a skilled technical score of 100. You must be an active Army SGT or below with at least two years time in grade and less than eight years in service. Soldiers must also have good hand/eye coordination, manual dexterity, and the ability to stand for long periods of time. At the completion of the course, there is a minimum obligation time of 31 months. The phase I portion of the course is held at the Academy of Health Sciences at Fort Sam Houston. There are two phase II sites which are located at Brooke Army Medical Center, also at Fort Sam Houston, and Madigan Army Medical Center at Fort Lewis, Washington. Upon graduation from the course, soldiers are stationed at one of the Army's Medical Centers or Hospitals.